

BIOGRAPHICAL AFFIDAVIT

Full name and Address of Entity. (Do not use group name).

In connection with the above-named Arrangement, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE", SO STATE. DO NOT LEAVE ANY QUESTIONS UNANSWERED.

1. Affiant's Full Name. _____

2. a. Have you ever had your name changed? _____ If yes, state the reason for the change.

b. Other names used at any time. _____

3. Date and Place of Birth. _____

4. Affiant's Business Address. _____

Business Telephone Number. _____

5. List your residence for the last ten (10) years starting with your current address, stating:

Date	Address	City/State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Education: _____ Dates, Names, Locations and Degrees

College _____

Graduate Studies _____

Others _____

7. List memberships in Professional Societies/Association.

8. Present or Proposed Position with the Applicant Entity.

9. List complete employment record (up to and including present jobs, positions, directorates or officership) for the past twenty (20) years, stating:

DATES	EMPLOYER AND ADDRESS	TITLE
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10. Present employer may be contacted. Yes ☐ No ☐
Former employers may be contacted. Yes ☐ No ☐

11. a. Have you ever been in a position which required a fidelity bond? _____
If any claims were made on the bond, state details. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? _____

12. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).

13. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____

If yes, state details. _____

14. List any insurers, prepaid dental plans, health care corporations or health maintenance organizations in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

If any of the stock is pledged or hypothecated in any way, state details. _____

15. Will you or members of your immediate family subscribe to own, beneficially or of record, shares of stock of the application entity or its affiliates? _____

If any the shares or stock are pledged or hypothecated in any way, state details. _____

16. Have you ever been adjudged bankrupt? _____

17. a. Have you ever been convicted, had a sentence imposed or suspended, had pronouncement of a sentence suspended, been pardoned for conviction of or pleaded guilty or no contest to any criminal information, indictment or complaint, other than minor traffic violations? _____
If yes, state details _____

18. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any entity which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership rehabilitation, liquidation, conservatorship, or bankruptcy? _____

If yes, state details. _____

19. Has the certificate of authority or license to do business of any insurer, prepaid dental plan, health care corporation, or health maintenance organization of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____

If yes, state details. _____

Dated and signed this _____ day of _____, 19____ at _____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County of _____

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 19_____.

(SEAL)

(Notary Public)

My Commission Expires _____